

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 0754

Benjamin Holmes

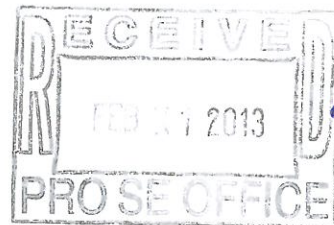
(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

The City of New York, and
The State of New York.Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Benjamin Holmes
 Street Address P.O. Box 764
 County, City Bronx
 State & Zip Code New York 10469
 Telephone Number 347-313 6258

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Volunteers of America
 Street Address One Schwartz Building

County, City Wards Island
 State & Zip Code New York 10035
 Telephone Number 212-6076203

Defendant No. 2 Name New York City Department of Correction
 Street Address 125 White Street
 County, City New York
 State & Zip Code New York 10013
 Telephone Number 212-225-7317

Defendant No. 3 Name Rikers Island Security Division Facility MDC
 Street Address 1199 Fulton Ave 3D
 County, City Bronx
 State & Zip Code New York 10456
 Telephone Number _____

Defendant No. 4 Name The People of the State of New York
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number 212-335 9195

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right

is at issue? I was put in Detention Complex with a mechanical valve for a man jumping on me. I was charge with Assault in second Degree.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship I got very sick in these places and

Defendant(s) state(s) of citizenship no one know what to do when I got sick

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Wards Island New York
Department of Correction Rikers Island Security Division

B. What date and approximate time did the events giving rise to your claim(s) occur? January
28, 2012 on till Jun 15, 2012

What
happened
to you?

C. Facts: I was Sick and nothing was down. I ask for
help no one can help me Cordate Patient There was
no one to help me wend I was Sick -

Who did
what?

I have all document what happen

Was anyone
else
involved?

yes there was a lot of people involved have all
of that & o

Who else
saw what
happened?

There was a lot of people saw what happened but
would not come fort - I have some names -

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I have a mechanical Valve
in need of a nother one. To replace a mechanical Valve or
put in I will have to die on the operate table for one
minutes. it is possible death. The Doctor at Bellevue
Hospital Center want a echocardiography don. but I bail
out befor it was don. I am going to South Carolina to
get a Second approve by a nother Doctor. I have all
of the Doctor reports and medical information.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. I am a family man all my life. and I do have a family and if I should die I would like them to be taking care of. I am hoping the best for me that I come out of this. I am seeking Three hundred and sixty Five million.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of Feb., 2013

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Benjamin Holmes
P.O. Box 764
Bronx N.Y. 10469

347-313-6258

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 1 day of Feb, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

Benjamin Holmes

SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY
100 CENTRE STREET
NEW YORK, NY 10013

FEE:\$10.00

CERTIFICATE OF DISPOSITION ACQUITTAL

DATE: 01/18/2013

CERTIFICATE OF DISPOSITION NUMBER: 42254

PEOPLE OF THE STATE OF NEW YORK
VS.

CASE NUMBER: 00883-2012
LOWER COURT NUMBER(S): 2012NY009052
DATE OF ARREST: 01/28/2012
ARREST #: M12608937
DATE OF BIRTH: 04/04/1953
DATE FILED: 02/23/2012

HOLMES, BENJAMIN

DEFENDANT

I HEREBY CERTIFY THAT IT APPEARS FROM AN EXAMINATION OF THE RECORDS ON FILE IN THIS OFFICE THAT ON 01/11/2013 THE ABOVE NAMED DEFENDANT WAS TRIED AND FOUND NOT GUILTY OF ALL PENDING CRIMINAL CHARGES AS TO THIS CRIMINAL ACTION BEFORE THE HONORABLE ALLEN, B THEN A JUDGE OF THIS COURT.

THE DEFENDANT WAS DISCHARGED FROM THE JURISDICTION OF THE COURT.

THE ABOVE MENTIONED ACQUITTAL IS A TERMINATION OF THE CRIMINAL ACTION IN FAVOR OF THE ACCUSED AND PURSUANT TO SECTION 160.60 OF THE CRIMINAL PROCEDURE LAW "THE ARREST AND PROSECUTION SHALL BE DEEMED A NULLITY AND THE ACCUSED SHALL BE RESTORED, IN CONTEMPLATION OF LAW, TO THE STATUS OCCUPIED BEFORE THE ARREST AND PROSECUTION".

PURSUANT TO SECTION 160.50(1C) OF THE CRIMINAL PROCEDURE LAW, ALL OFFICIAL RECORDS AND PAPERS RELATING TO THIS CASE ARE SEALED.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL ON THIS DATE 01/18/2013.


COURT CLERK